

# 2006 Conference for People with Disabilities

NOVEMBER 16 - 17, 2006, WESTIN HOTEL, DOWNTOWN INDIANAPOLIS

## REGISTRATION FORM

**DUE: ON OR BEFORE  
NOVEMBER 6, 2006**

Complete both sides as appropriate. One person per registration form. Please photocopy this form, if necessary.

All cancellation requests must be made in writing. Cancellations are subject to a \$30 administration fee. We regret that refunds cannot be offered for "no shows" or cancellations received after November 1. Substitutes are welcome.

### MAKE CHECKS PAYABLE TO:

Sandy Kite Hunt  
c/o Conference for People  
with Disabilities.

No credit cards accepted.

### MAIL THIS REGISTRATION FORM WITH PAYMENT TO:

2006 Indiana Conference  
for People with Disabilities  
P.O. Box 47933  
Indianapolis, IN  
46247-0933

**SEEKING  
NEW TRUTHS**



**FORGING  
NEW PATHS**

### APPLICANT *(Please print.)*

NAME \_\_\_\_\_

POSITION \_\_\_\_\_

ORGANIZATION \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP \_\_\_\_\_

TELEPHONE (DAY) \_\_\_\_\_

TELEPHONE (EVENING) \_\_\_\_\_

E-MAIL \_\_\_\_\_

### INFORMATION *(Please check all that apply.)*

☐ **I AM APPLYING FOR A SCHOLARSHIP.**

*(Indiana SSI, SSDI or TANF recipients only. Please fill out both sides of this form. Must be an Indiana resident.)*

☐ **I HAVE AN ACCOMMODATION REQUEST.**

*(Please complete the accommodation section on the opposite side.)*

**FEES (Note that all fees are subsidized by the Governor's Council for People with Disabilities to ensure that all who want to attend have the means to do so. Please check all that apply. No credit cards accepted. Please make checks payable to Sandy Kite Hunt.)**

☐ **SCHOLARSHIP APPLICANT - \$10**

*(Scholarship application fee covers all meals and the reception.)*

☐ **NONPROFESSIONAL INDIANA RESIDENT WITH DISABILITIES, AND PARENTS**

☐ **BOTH DAYS** - \$65 in advance, \$75 at the door

- ☐ Thursday lunch
- ☐ Thursday reception
- ☐ Friday lunch (Awards program)

☐ **ONE DAY RATE** - \$50 in advance, \$65 at the door

- ☐ Thursday only
- ☐ Friday only

☐ **PROFESSIONAL AND ALL NON-INDIANA RESIDENTS**

☐ **BOTH DAYS** - \$135 in advance, \$150 at the door

- ☐ Thursday lunch
- ☐ Thursday reception
- ☐ Friday lunch (Awards program)

☐ **ONE DAY RATE** - \$80 in advance, \$95 at the door

- ☐ Thursday only
- ☐ Friday only

☐ **FRIDAY LUNCH (AWARDS PROGRAM) ONLY - \$55**

☐ **A PERSONAL CARE ASSISTANT WILL BE ACCOMPANYING ME - \$15**

**TOTAL ENCLOSED \$** \_\_\_\_\_

### ACCESS INFORMATION

The Conference has accessible meeting space. Sign language interpreters and documents in alternate formats will be available throughout the Conference. Participants requiring substantial amounts of assistance are asked to secure their own personal care attendants. The Conference will provide limited attendant services.

Conference participants should keep in mind that some of our colleagues have chemical sensitivities to such things as scented personal care products and smoke. All would appreciate your thoughtful consideration. Smoking is prohibited.

SCHOLARSHIPS ARE AVAILABLE ON A FIRST-COME, FIRST-SERVED BASIS  
TO INDIANA SSI, SSDI OR TANF RECIPIENTS ONLY.

### APPLICANT *(Please check all that apply.)*

- ☐ I am requesting a scholarship for \$55 off the registration fee, including both luncheons and the reception. *(Applicant must pay \$10 for registration upon submitting request. Checks will be returned if scholarship is not approved.)*
- ☐ I (my child or other member of my household) am an SSI, SSDI or TANF recipient.

APPLICANT'S SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

### HOTEL OVERNIGHT FOR SCHOLARSHIP RECIPIENTS – THURSDAY, NOVEMBER 16

*Note: Only for scholarship recipients 50 miles or more outside of Indianapolis. Hotel reservations will be made for approved scholarship recipients only.*

- ☐ I REQUIRE A FULLY ACCESSIBLE ROOM *(bathroom grab bars, etc.)*.
- ☐ I REQUIRE A ROOM WITH WIDE ENTRANCE/BATHROOM DOORS ONLY.
- ☐ I REQUIRE A ROOM EQUIPPED FOR A PERSON WITH A HEARING IMPAIRMENT.
- ☐ I REQUIRE A ROOM NEAR THE ELEVATOR.
- ☐ I CANNOT BE ASSIGNED A ROOMMATE BECAUSE \_\_\_\_\_.
- ☐ OTHER *(please explain)*.

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**NOTE:** ALL ROOMS ARE NON-SMOKING AT THE WESTIN HOTEL.

### PERSONAL CARE ASSISTANT *The registration fee for a personal care assistant is \$15.*

- ☐ YES, A PERSONAL CARE ASSISTANT WILL BE ACCOMPANYING ME TO THE CONFERENCE.  
*(If yes, please include his or her contact information here.)*

NAME OF PERSONAL CARE ASSISTANT \_\_\_\_\_

MOBILE PHONE NUMBER \_\_\_\_\_

### ACCOMMODATIONS

- ☐ I REQUIRE PRINTED CONFERENCE MATERIALS IN THE FOLLOWING ALTERNATE FORMAT:

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- ☐ I NEED A SIGN LANGUAGE INTERPRETER.
- ☐ I NEED WHEELCHAIR ACCESS.
- ☐ I HAVE A SERVICE ANIMAL(S).
- ☐ I NEED PARKING FOR A HIGH-TOP VAN.
- ☐ I HAVE SPECIAL DIETARY NEEDS *(please explain)*.

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- ☐ OTHER SPECIAL NEEDS *(please explain)*.

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## SCHOLARSHIP APPLICATION

**DUE: ON OR BEFORE  
OCTOBER 9, 2006**

**INDIANA RESIDENTS  
ONLY**

Scholarships cover lodging and part of the registration fee. Hotel expenses will be billed directly to the Council. Scholarship recipients must share rooms (except in highly special circumstances). You will be notified about the scholarship within a week of returning this form.

Please complete the accommodation section, if appropriate.

FOR MORE  
INFORMATION,  
CALL OR E-MAIL  
SANDY KITE HUNT

(317) 786-7272  
*(voice and fax)*

(866) 786-7272  
*Toll Free (voice and fax)*

SKH4HOG@prodigy.net  
*(e-mail)*